Future Health Care In Northern Alberta

Alberta

NORTHERN ALBERTA
DEVELOPMENT COUNCIL

Northern Alberta Development Council

FUTURE HEALTH CARE FOR NORTHERN ALBERTA

A Position Paper presented to the
Premier's Commission on Future Health
Care for Albertans

September, 1988

NORTHERN ALBERTA
DEVELOPMENT COUNCIL

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September 20, 1988

The Northern Alberta Development Council is pleased to present this position paper on future health care in northern Alberta.

In preparation for the hearings of the Premier's Commission on Future Health Care for Albertans, the Northern Alberta Development Council reviewed the briefs it has received during the past several years, sponsored a workshop and consulted extensively with northern health care providers. A detailed review of past health care recommendations from over 23 NADC reports was also undertaken.

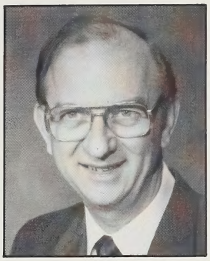
Health care and the health care system is of vital importance to northerners. Because of the distance and socio-economic factors involved in northern Alberta, health care delivery is a priority.

The Northern Alberta Development Council feels the conclusions and recommendations contained in this position paper address the major issues and concerns affecting future health care delivery in northern Alberta.

Bob Elliott

Bob Elliott, MLA
Chairman

NORTHERN ALBERTA DEVELOPMENT COUNCIL 1988/89



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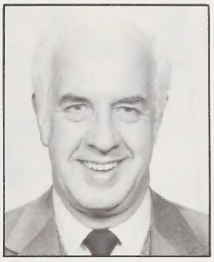

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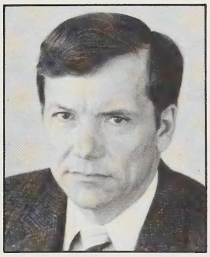

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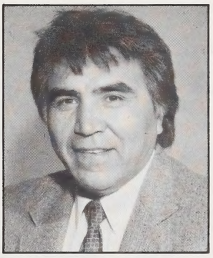

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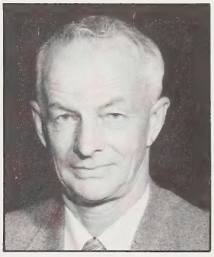

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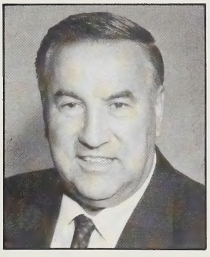

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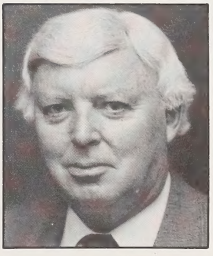

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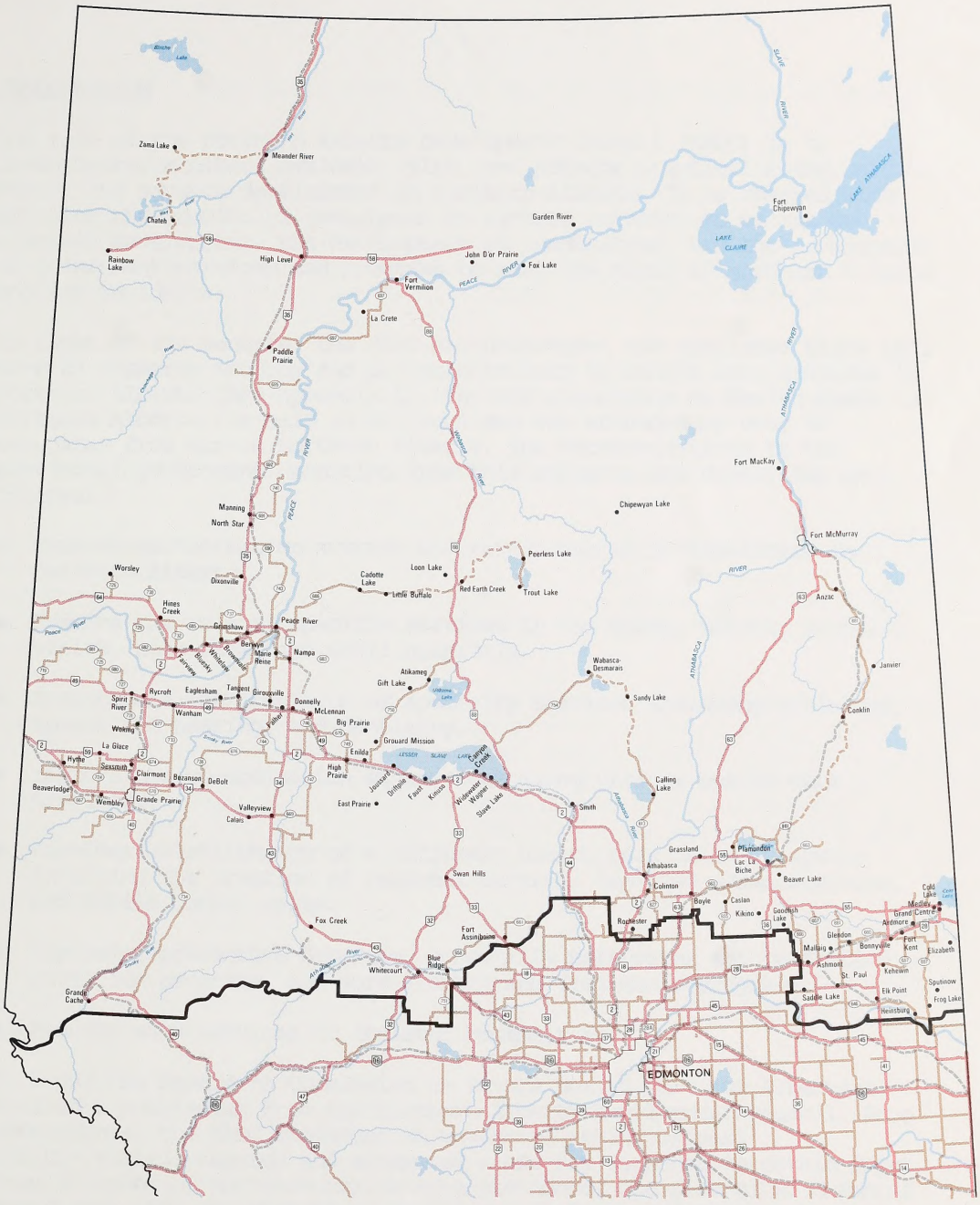


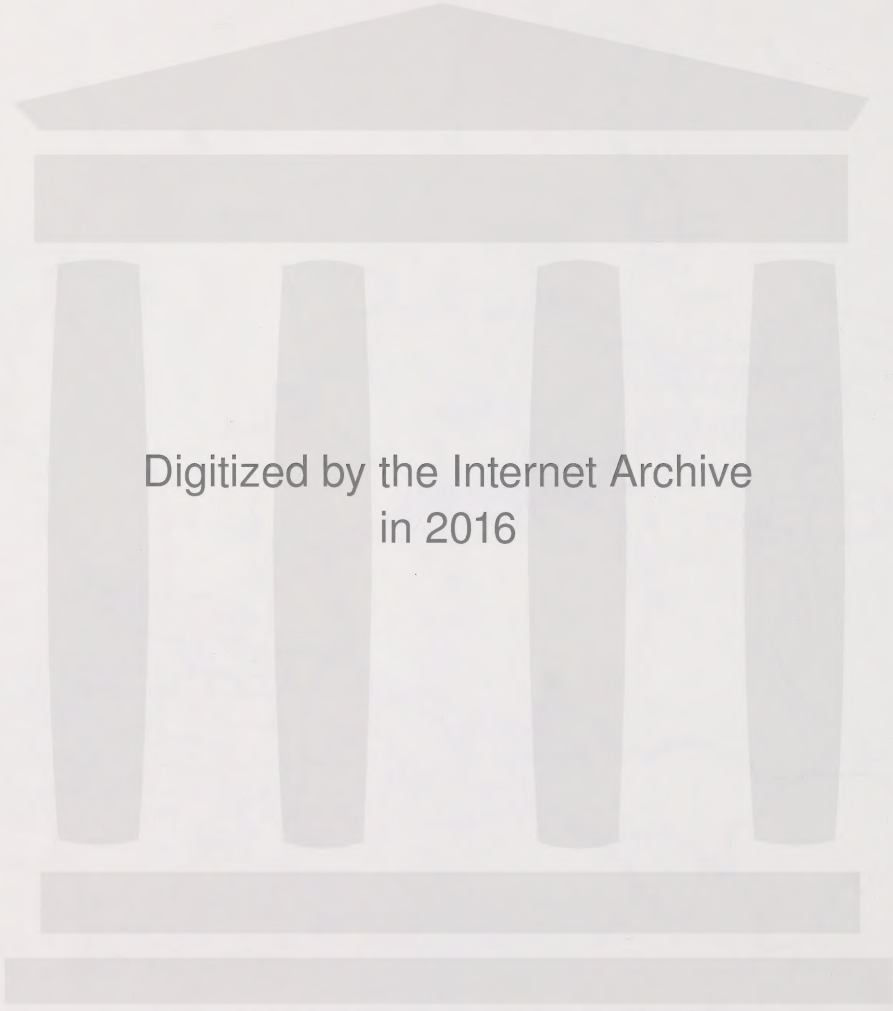
NORTHERN ALBERTA DEVELOPMENT COUNCIL AREA

COMMUNITIES WITH POPULATION OVER 75 (1981 CANADA CENSUS)

km 10 0 10 20 30 40 50 60 70 km

miles 10 0 10 20 30 40 50 miles

PRIMARY HIGHWAY — SECONDARY ROAD — L.O.C. ROAD — RAILWAY



1.0 INTRODUCTION

The role of the Northern Alberta Development Council (NADC) is to investigate, monitor, evaluate, plan, and promote practical measures to foster and advance development in northern Alberta. It is charged with advising the provincial government in matters relating to social and economic development, the development of communities, and the development of government services and programs to meet the needs of northern Alberta and its residents.

In light of its mandate, the NADC has undertaken and completed since 1973 some 23 research studies and projects related to health care services in northern Alberta (see Appendix C). In 1980 a workshop on Health Needs in Northern Alberta was held in St. Paul and was attended by over 60 delegates from across northern Alberta. The recommendations to the provincial government emanating from this workshop are summarized as follows:

- Examine mechanisms to attract and retain health professionals in northern Alberta.
- Examine the role of specific services in the North, notably mental health, home care, and small hospitals.
- Investigate the provision of specialty services including audiology, speech and hearing, and dentistry.
- Improve the co-ordination of services among various health care providers.
- Consider establishment of a different health care delivery system involving the creation of regional centres, improved communications, and mobile dental units.
- Implement preventive programs, especially safe water and sanitation, nutrition programs, and more alcohol and drug abuse programs.
- Provide more services to isolated communities.

In 1988, the Premier's Commission on Future Health Care for Albertans invited a submission from the Northern Alberta Development Council. As a consequence, the NADC conducted an intensive review of past health-related research and sponsored a one day workshop to obtain input from a number of northern health care providers. The firm of R. Harman & Associates Ltd. was engaged to facilitate dialogue and to report on the results of the discussions. The objectives of the workshop were:

a) to determine whether the previously raised issues were resolved

b) to identify new or current issues and concerns

c) to propose recommendations to the Premier's Commission.

It is somewhat perplexing, that the outstanding issues identified in the 1988 workshop are predominantly the same as those determined to be

problematic in 1980. After eight years many of the key issues are still unresolved.

This paper summarizes the results of the 1988 workshop and identifies the key issues pertinent to northerners and their approach to future health care. It is presented to the Premier's Commission for its consideration along with recommendations stemming from the identified issues. The paper is divided into two components. The first consists of Trends and Issues which impact the existing health care delivery system and its future evolution in northern Alberta.

The second component deals with specific Northern Alberta Development Council recommendations and possible strategies which the Premier's Commission may wish to consider in addressing these issues.

2.0 ANALYSIS OF TRENDS AND THEIR POTENTIAL IMPACT ON NORTHERN ALBERTA 1988 - 2008

Organizations and systems are evolutionary entities influenced by both external and internal factors. Alberta's health care system is no exception to this rule. In planning for a future system it is important to explore trends and directions which will exert an influence upon the present structure.

Northern Alberta is unique in that its resource driven economy is very much influenced by external forces such as world markets, supply and demand for natural resources, agricultural market fluctuations, etc.

Thus a brief review of future trends which appear to be influencing northern Alberta and, specifically, those which will have an impact upon health care is pertinent prior to issue discussion.

2.1 TECHNOLOGICAL TRENDS

A trend which will impact greatly on the health care system is the increased use and availability of technology. Computerization will result in increased reliance upon data processing devices to process health records and clinical and financial data.

The growth of automation technology, (specifically in terms of computers, data storage and retrieval, communications) together with improved price and performance, offers many opportunities for health care.

The electronic health record, "smart card" data storage, remote clinical monitoring, digitized imaging, and electronic billing are just some of the possible applications of this technology.

The potential impacts of technology in northern Alberta follow:

a) Complex and sophisticated equipment may impact staffing in diagnostic areas of northern hospitals. Organizations with complex equipment might have difficulty finding qualified staff to operate the equipment. Not all facilities will be able to afford the new technologies and some centralization will have to take place.

b) As the number of technical products/applications increase, there will be a need for continued educational upgrading, inservice and training for staff.

c) Health care professionals will continue to specialize. The difficulty in finding "generalists" in northern Alberta will be compounded by specialists who will settle in urban settings rather than rural as is the present trend.

d) Increased computer applications should improve the handling of client information among several general health care providers. There is a glimmer of hope for improved interagency co-ordination through the use of automation.

e) Improved telecommunications for education and diagnosis will have a profound impact on health care in northern Alberta. Inservice education up to a university level will be handled on-site in remote areas without the need for people to leave their communities. Physicians will be able to diagnose complex medical conditions from distant locations.

f) The concept of stand-alone, or shared system computerization will be impacted. Microcomputers will allow stand-alones at a reasonable price but the need to standardize information is important. Cost considerations will be the deciding factor.

g) The advance of technology will have an impact on the care of the disabled. The disabled will have more opportunity to live independently. A cost factor will have to be realized, however, as for instance, there will be additional requests for sophisticated equipment in the Aids to Daily Living Program.

h) Dependence on computer systems will have to be closely analyzed from a cost perspective because of the reliance on external consultants and vendors for technical support and the need to implement, develop and maintain larger support resources inhouse. Sharing of systems among diverse agencies will become a reality for cost reasons.

In summary, the major impacts of technology in northern Alberta will be felt in the use and training of health care manpower, inter-agency communications, cost control and record keeping.

2.2 ECONOMIC TRENDS

Northern Alberta is a very important contributor to the economy of Alberta. Its role will continue to be enhanced in the future as the North's natural resources are further developed. Recently announced industrial expansions in northern Alberta in 1988 include:

- Newsprint Plant, Whitecourt
- New Pulpmill, Whitecourt
- New Pulpmill, Peace River
- Heavy Oil Expansion, Primrose
- Heavy Oil Expansion, Cold Lake
- Heavy Oil Expansion, Peace River
- Possible Third Oil Sands Plant, Fort McMurray

May have the impact of the potential economic trends noted below:

a) The future for the forestry and oil industry in northern Alberta is extremely encouraging with resultant positive increases in employment, population and community development. Several key communities will experience population booms.

Increased population will place stresses and demands on existing health care systems. Past studies have shown:

"The increase in industrial activity is noted for the increase in health and social ills including alcohol and drug abuse, child abuse and violence towards women, all due in part to long hours of work, stress, isolation from familiar lifestyle patterns and new environments."[1]

Older, more established communities are strained most by a "boom" situation.[2]

Thus an important adjunct to increased economic development in the North will be further pressures on existing service systems and demands for services due to population growth and raised expectations.

2.3 SOCIAL TRENDS

The following social trends can be expected to affect northern Alberta:

- As industrial expansion takes place in northern Alberta the rate of increase in population will jump.

- The overall population will continue to age due to increased life expectancy through improved nutrition and advances in medical technology. In 20 years more than 10% of the population in Alberta will be 65+ compared to 8% today. By 2031 this figure will soar to 18%.[3]

- Urban populations are expected to continue to grow while, conversely, the rural population of Alberta is projected to decline.[4]

- There is a continuing increase in women in the work force and in single parent families.

- The proportion of natives to white people in northern communities is higher than the provincial average of 3%.[5] The health status of Indians is generally lower than other Albertans owing to poorer socio-economic conditions related to employment, housing and loss of traditional lifestyles. Also due to a high birth rate the majority of natives are under 30 and therefore have more need for maternal and child care.

- A recent workshop on AIDS in Edmonton reported that as many as 10,000 Albertans may be infected with the AIDS virus.[6] There is NO known cure for AIDS. Sexually transmitted diseases will have to be addressed by northerners.

- Education of the public is increasing and the general public's awareness of individual rights and freedoms is more evident. Thus the public will likely be more demanding in the area of health services.

- The federal government's immigration policy and Canada's declining birth rate will see more people from other cultures settling in Canada.

The potential impact of these social trends for northern Alberta will be many. For example:

a) The aging population will impact the types of care provided by health and social service agencies. This will, in turn, affect management and organization of programs, and training and skill requirements of staff. Alternative mechanisms for care of the elderly will have to be examined.

b) Growth fluctuations in population in northern communities will make planning for health care systems challenging.

c) An increased proportion of natives in certain communities will impact the effectiveness of health care delivery systems especially as they relate to co-ordination of federal and provincial programs. Cross-cultural sensitivity in the delivery of care will have to be enhanced.[7]

d) People and communities will continue to expect higher levels of service across the board and this will have a profound impact on health and social services.

e) The threat of AIDS will only increase the importance of preventive education.

The many changes to come in the northern Alberta population will be brought about by global trends and the unique circumstances of the North. Nevertheless, such things as increases in the native segment, single parent families, the aged, introduction of other cultures and variables such as STDs and sporadic boom situations will greatly impact the types of health care required by northerners.

2.4 GENERAL TRENDS

Listed below are some of the broad general trends which influence northern health care systems.

- The realization of governments at all levels of the importance of the North in terms of future economic development.
- A myriad of funding agencies at all government levels are becoming more involved in determining how public funds should be used.
- The concept of privatization is being seen more and more in terms of managing health care organizations.
- The federal government's recent initiatives in health and social policy including the day care policy and challenges set out in the new federal position paper "Achieving Health for All: A Framework for Health Promotion" are pointing to an increasing emphasis on prevention and health promotion.
- Initiatives to further de-institutionalize the mentally disabled and the physically handicapped from the larger centres to smaller communities will affect costs and services.
- The federal government's free trade initiatives may have some impact on health care delivery and costs.

The potential impact of these trends include:

a) the need for all government agencies to be more sensitive to development and operation costs (hospitals, schools) in the North as compared to the south. There is a tendency for provincial averages to be inflicted upon health and social agencies in northern Alberta when costs are indeed higher.[8]

b) a greater involvement of funding and community agencies in health care delivery.

c) increasing implementation of the concept of user accountability in order to gain efficiency and effectiveness of programs. For example, there are several health and social agencies currently in existence. There may be a trend toward reducing the number of different agencies or at least integration and co-ordination of functions. The current situation fosters interagency conflict.

d) the improvement of day care facilities will assist employers and female health care givers by providing more opportunities to work.

e) increased emphasis on the future on health promotion, changes in lifestyle, self-care rather than health treatment.

f) increased demands on communities to reintegrate the mentally and physically handicapped person. Increased demands will come for programs, facilities, personnel and co-ordination at the field level.

In summary, governments everywhere are experiencing increasing problems in maintaining high levels of service in the health and social service areas. There is a growing conflict between public demand, and the ability to pay. Cost-justification will be a factor that becomes more and more important in the social service policy process.

It appears that the major general impact will be a change in responsibility for health care from the provider to the consumer, in essence that the individual will have to become increasingly accountable for his own personal health. To facilitate this process government will have to explore alternative, more flexible health care delivery systems.

3.0 ISSUES

On July 18, 1988, 27 health care providers from across northern Alberta including professionals in community health, hospitals, public health inspection, rehabilitation and other areas, along with board members, joined representatives from the Northern Alberta Development Council in a workshop to provide input on the Future Health Care Needs for northern Alberta. In preparation for the meeting all participants received an issues identification document (Appendix A). This document served as a general background and discussion paper for the workshop. The issues outlined in the paper stem from past NADC documents and brief submissions as well as issues raised at public meetings of the Northern Alberta Development Council.

The workshop objectives were:

- To discuss future trends impacting health care in northern Alberta in the next 20 years

- To discuss issues in the present health care delivery system in northern Alberta

- To priorize and delineate major health care issues in northern Alberta

- To recommend solutions to these major issues.

At the workshop:

a) Delegates reached a concensus on the major trends as identified in the previous section (2.0).

b) Delegates reviewed the issues in the pre-workshop documents and reached a concensus. The most pressing issues impacting the health care delivery system in northern Alberta were identified. See Exhibit I for a list of these issues.

c) Delegates then further refined this process to select the six most pressing of these issues. The following issues were priorized:

- Traditional health care delivery systems are not fulfilling the needs of the North.
- Recruitment/retention of health professionals in the North is crucial.
- Fragmentation of present services is serious.
- Changing lifestyle demands more emphasis on prevention and personal self-care.
- There is often a lack of resources/treatment in home communities.
- There is a strong need for increased mental health services.

e) Following identification of the six major issues, the group was asked to recommend solutions for consideration by the Northern Alberta Development Council.

After due debate and consideration of the ideas of the workshop participants, and after reviewing other relevant material, the Northern Alberta Development Council set out a series of recommendations. These are:

EXHIBIT I

Issues Identified at Northern Health Care Providers Workshop, July, 1988

(Note: these issues were identified in a brainstorming session and are not presented in any specific order.)

- The dispersed population and vast distances between population centres in the North cause traditional service delivery systems to be inappropriate.
- Funds are limited for health care and do not go as far in the North as in the south.
- The North is often viewed in a negative light owing to limited knowledge about it and its people.
- Educational institutions do not encourage students to go North after completing their education.
- There is a tendency for health care systems not to be preventive in nature.
- There is a shortage of physicians, nurses and other health care providers.
- The opposition to nurse practitioners is an issue which affects remote and isolated communities. There is now a critical need for medical practitioners in northern communities because of a doctor shortage. Consideration should be given to creating incentive programs, special northern practitioner programs at universities, etc.
- Health care providers require continuing education. There is a strong request for more inservice training and professional information exchanges for northern care providers. Often northern staff feel isolated.
- The use of small hospitals will require addressing in light of shortages of medical staff.
- Northern health services are presently viewed as fragmented. Health care rests with hospitals, health units, social services, doctors, etc. The lines of communication are often limited and the patient is unsure as to where to seek assistance. Service boundaries are obscure/overlapping resulting in gaps in delivery and poor communication. There appears to be at times a lack of networking among agencies. This fragmentation is costly and inefficient.
- Mental health services are very limited in the North. Services that exist are fragmented and overtaxed because of shortages of qualified mental health therapists and psychiatrists. This sector will experience continuing and increased pressures.

- There is a lack of resources for programming which would allow people (disabled, seniors) to remain in their homes and communities. Treatment options are often limited. Yet more and more there is a desire to remain in the community.

- Non-traditional health care delivery systems should be looked at in the future. Systems which are community based and preventive in nature are looked upon as the future direction. There is a lack of an all-encompassing approach at present.

- Society does not realize that "health" related issues are also "social" issues. For example education regarding the sexual transmission of diseases is necessary.

- Environmental factors which affect health and wellbeing are not emphasized. As northern Alberta develops and its economic base diversifies, environmental health-related issues will become more pertinent.

- There is a need for more native health care providers. Remote communities and those with native population bases have special needs which would best be addressed and understood by trained native staff.

- Total planning, both from a physical and social perspective is not being done in communities. Community attitudes which are preventive in nature are not being promoted. The present system does not encourage lifestyle changes of a preventive nature. Acute hospitals are limited to the promotion of treatment rather than lifestyles.

3.1 SUMMARY OF KEY ISSUES

Following are the six key issue areas impacting upon Future Health Care in Northern Alberta as identified by the Workshop participants:

I. The geography of northern Alberta and the dispersed densities of population prohibit the existing health care delivery system from providing a satisfactory level of care. In the view of health care providers, there are significant gaps in available services, and duplication and overlapping of services. The funding structure, predicated on formulae applicable to other parts of the province, is not felt to be equitable in northern Alberta.

II. There is a shortage of available traditional health care professionals to appropriately service existing and future needs of health care in the North. The predominant issue is the inability of health care organizations to attract and retain specific health care professionals. This situation will continue well into the future.

III. The services now provided by northern health care agencies are fragmented and not well co-ordinated. Much of this issue is related to the lack of coterminous boundaries, the inability of various centralized government agencies to work in tandem, parochialism, and a lack of clearly defined roles, missions, and responsibilities. As future pressures are placed on these systems, this lack of co-ordination will be accentuated.

IV. There is not enough emphasis placed on health care promotion and self-care. The "era" of acute treatment, dealing only with severe illness, and institutionalization is at the end of its evolution. Individuals should be encouraged to prevent health incidents and practice a higher level of self-care. In essence, this concept should result in an increasing reduction of dependence on government and other funded programs. The existing imbalance in funding (80% acute care versus 20% community care) must be altered. It must be recognized that this, for a time, will require an investment on the part of government.

V. There are inadequate resources to allow citizens to remain in their communities (isolated and non-isolated) in order to access services. The issue is not that government provide funding for all services on-site, or that every community have a hospital, but that there is equitable access to a standard level of treatment and care. It is recognized that in some cases the cost of providing specific services on-site is prohibitive. A reasonable solution at a reasonable cost must be sought.

VI. Mental health services in northern Alberta are very limited. Those services that exist are not well co-ordinated with other services. There is inadequate preparation in communities to accept clients discharged from the institutional environment; this is apparent by virtue of the high percentage of re-admitted cases. In addition,

the lack of mental health services is acutely felt in the North as a result of the boom/bust syndrome which increases the incidence of social problems including alcohol and substance abuse, sexual abuse, spousal battering, and specific mental health disorders such as severe depression.

4.0 RECOMMENDATIONS OF THE NORTHERN ALBERTA DEVELOPMENT COUNCIL

HEALTH CARE DELIVERY SYSTEM

Recommendation 1

The health care system currently in operation in northern Alberta should be reassessed from an organizational and funding perspective to ensure it is meeting the needs of northerners. With its pattern of dispersed populations and lengthy distances between centres, northern Alberta presents unique problems to program delivery. Traditional delivery systems often do not work in the North and higher costs prohibit or reduce service.

As noted in literature, the workshop discussions and views expressed by constituent health care providers, pragmatically speaking there really is not a "Health Care Delivery System" in the North. Rather, there exists a collection of programs and services which attempt to provide a measure of health care. This is not surprising when one examines the evolutionary history of the provision of health care services. These services had their base from the religious based hospitals and "private" practice medicine. That base has been changed and augmented over time by various governments fulfilling legislative mandates and by politically and socially conceived programs. The changes and additional programs were, and are, rooted in the many bureaucracies which make up the various levels of government and those which vertically constitute the departments, divisions and branches of each level of government. The result is, quite naturally, a lack of cohesion. The fundamental problem in the way that health care is delivered is that the system does not evolve around its client, the Alberta resident, but rather around the bureaucracies to which the funding and authority have been provided.

The development of a northern model in conjunction with all jurisdictions would allow for the creation and maintenance of a health care delivery system consistent with the unique requirements of northern areas. This system could include within its scope all institutional care (acute, auxiliary, and nursing home), community health, occupational health (including workers compensation), home care and medical social services. Its responsibility would include the provision of health services, health-related preventive programs, fiscal responsibility, and administrative responsibility including labor relations as it relates to the health care environment. Fragmentation and lack of co-ordination must be overcome.

RECRUITMENT AND EDUCATION OF PROFESSIONAL HEALTH CARE GIVERS

Recommendation 2

Mechanisms must be developed in place to attract health care professionals and to retain them in northern Alberta.

Recommendation 3

Institutions presently educating health care providers (especially doctors/nurses) must provide as part of the curriculum, orientation programs to rural and specifically northern practices.

Recommendation 4

The College of Physicians and Surgeons, the Alberta Medical Association and the Alberta Association of Registered Nurses should support and encourage their membership to locate in northern locales by providing orientation and inservice programs.

Recommendation 5

Educational institutions should attempt to de-isolate northern practitioners by providing inservice training and upgrading on a regular basis in northern locations.

Recommendation 6

The Family Practice Physician curriculum should include mandatory rural practice rotations.

As population increases in northern Alberta and economic development creates new boom situations, the area will continue to face shortages of health care professionals.

Incentive programs, bursaries, health fairs, etc., have all assisted in promoting northern locations. Young professionals should be made aware of the opportunities available in the North.

Northern Alberta has an unsettling dilemma in that physicians are retiring and are not being replaced. Work stress and problems in educational upgrading discourage young Canadian physicians from coming to and staying in northern Alberta.

Physicians who are planning their careers and wish to come to northern Alberta need first-hand knowledge of the varied opportunities and realities of rural life from their professional associations. A rotation into rural practices would prepare a physician and thus decrease the probability of him or her leaving.

Recommendation 7

A new kind of primary health care professional "from the North, trained in the North, for the North" should be encouraged.

The North has enormous problems in attracting and holding appropriate health care professionals. The well publicized "romance of the North" is there. But isolation, climate and general lack of access to urban shopping and entertainment discourage many.

In the past, we have attempted to overcome this difficulty through financial incentives. This in the long term has not proven to be practical.

Over the past several decades, the health care professions have tended to move towards specialization. The duties and responsibilities of the Registered Nurse, for example, notwithstanding better training and education, have significantly shifted from the primary general care of the patient, to specializing in "nursing functions" and have moved to nursing diagnosis and nursing care planning. The void left in the rendering of primary general care has been taken up by therapeutic personnel (physiotherapists, respiratory technologists et al) and allied health professionals such as pharmacists, nutritionists, etc. While this process is positive and practical in an environment where there is a relatively abundant resource pool such as exists in major centres, it leaves voids in the care of patients in rural and remote communities. We believe that such a void can be filled with a more generalized health care professional. This primary care professional would serve the purpose of stabilizing our basic health care manpower resource and simultaneously provide training and employment opportunities to young northern Albertans.

HEALTH CARE SERVICES

Recommendation 8

Mechanisms for mobile health care services must be developed which take into consideration the uniqueness of northern Alberta and its dispersed population.

The creation of highly mobile cadres of specific health care disciplines could provide services in a consultative role by scheduled rotations in smaller and isolated communities.

There is a high demand for health care resources in smaller communities. Several communities are having problems attracting and retaining traditional health care specialists (surgeons, anaesthetists). It will be impossible in the future, from a cost perspective, to provide the same level of fixed service in every community. It will be possible, however, to provide an equitable service through the use of mobile services including road or air-based mobile clinics, specialty services in the area of diagnostics and specialized clinical functions (e.g., dentistry, immunization, opthalmology, elective and minor surgery, nutritional counselling, periodic physical assessment, testing, etc.).

COMMUNICATION

Recommendation 9

Improved methods of communication among health care agencies must be explored.

The issue of fragmentation and poor co-ordination among service providers in the institutional and community environment is a frustrating and perplexing problem with no simple solution. Although advancing technology lends itself to several innovative solutions to improve communication, one alternative to be explored would be the creation and maintenance of a centralized automated detailed "client health record and history".

Such an electronic record would facilitate access to an individual's health records (diagnosis, treatment, therapy, pharmacology) by "attending" health professionals. As well, the electronic record would serve the purpose of ensuring that an individual-based preventive program can be appropriately planned and monitored.

The client's health record would be supplemented by an electronic treatment planning and treatment feed-back process. This system will provide support for community-based providers by specialized professionals in areas such as rehabilitation medicine, respiratory technology, pharmacology, community health nurses, medical social services et al. This would be extended to supply access by specialists located in major centres (e.g., Edmonton) to provide ongoing planning and treatment support for complex conditions such as cancer, AIDS, chronic illnesses and mental disorders.

MENTAL HEALTH

Recommendation 10

Mental Health Services should be upgraded and re-evaluated in northern Alberta.

Health care providers and residents in the North are adamant that mental health services in northern Alberta are limited and over-taxed. The reasons provided include lack of manpower and inadequate integration with other health care services. The integration of Mental Health Services into a comprehensive system delivery model would allow other health care professionals to provide more supportive backup and follow-up communication for mental health professionals.

Recommendation 11

The future philosophy of health care should be prevention-oriented and community directed and active health campaigns and educational programs must be developed which promote a positive philosophy of prevention and well being.

In light of escalating costs in the health care field and existing northern services, a community based health care system which promotes a philosophy of prevention, would seem advantageous. Educational programs which stress lifestyle alternatives and preventive measures should be developed and implemented in the future.

REMOTE AND ISOLATED COMMUNITIES

Recommendation 12

Special attention should be given to remote and isolated northern communities in addressing the health care needs of both a preventive and acute nature. An emphasis should be placed on preventive educational programs with adequate funding to meet the needs of these communities.

Remote and isolated northern communities require programs which are preventive in nature. Acute health care needs are being met through medical evacuations and rotational medical visits. In the opinion of the Northern Alberta Development Council the daily health care needs of these residents are not being addressed. Nutritional programs, community health nurse visits, home care programs, etc., are not adequately being delivered in these communities. The quality of life of these northern residents is severely affected.

APPENDIX A

PRE-WORKSHOP DOCUMENT

HEALTH CARE ISSUES IN NORTHERN ALBERTA

REVIEW OF NADC LITERATURE, 1978-1988

WITH ADDITIONAL COMMENTS FROM NADC AND NORTHERN HEALTH CARE PROVIDERS

3.0 HEALTH CARE ISSUES IN NORTHERN ALBERTA

As opposed to trends, health care issues present real concerns to government, health care providers, the client or patient and the community. For clarity, health care issues identified in northern Alberta will be grouped under major headings which relate to the ultimate goals of the health care systems. That is:

a) meeting the needs of the individual who requires emergency health care

b) meeting the needs of the individual who requires an acute level of care

c) meeting the needs of the individual who requires chronic care: the aged, the handicapped and the chronically ill

d) meeting the needs of the mentally ill

e) meeting the needs of the individual who is dependent on drugs, alcohol and other substances

f) making certain all needs outlined are met by a qualified health workers who will have adequate physical and financial resources

g) promoting health care prevention/self-help.

If these goals are not met then functions or activities listed under these headings will be presented as an issue.

Once again spaces have been left for you to fill in your own comments. This is a working document. We welcome your input.

3.1 MEETING THE NEEDS OF THE INDIVIDUAL WHO REQUIRES EMERGENCY HEALTH CARE

NOTE: A major review of emergency health care has recently been completed. Therefore, emphasis will be limited in this area.

ISSUES

A. Programs/Scope of Service

- There are overlaps of mandates and roles of various emergency health care providers. This is due primarily to the lack of a provincially organized emergency health care system.
- There is duplication of services and competition between agencies, both private and public, which leads in some cases to fragmentation of service.
- There are no defined geographical regions for emergency health care services.

B. Demand

- There is no uniform method of recording demand based on type of injury. There are difficulties representing the true demand of emergency health care services.

C. Resources

- There is duplication of resources among agencies providing emergency health services.
- There is no standardization of equipment among emergency health care providers.
- There is no centralized dispatch/communications system in northern Alberta in order to co-ordinate the movement of ambulances.
- In several communities in northern Alberta there are no people resident in a community who are trained to provide initial response to a medical emergency.
- Some communities have no first aid supplies.
- There is no common emergency access number.

D. Integration

- Interagency communication/co-ordination among emergency health care providers is not adequate. There is a lack of understanding of agencies respecting roles and responsibilities.
- Joint training programs are minimal.

E. Evaluation

- There is no routine formal interagency evaluation on how a medi-evacuation takes place.

Comment

It should be noted that the present ambulance system in Alberta has been thoroughly analyzed by the Minister of Hospitals and Medical Care Policy Advisory Committee. The above issues illustrate for discussion purposes major issues affecting the overall system across Alberta including northern Alberta.

In the near future a new emergency health care policy will be formulated and all these issues impacting emergency health care in northern Alberta will diminish.

See New Dimensions in Emergency Health Services: An Alberta Solution, May, 1988.

Can you list other issues?

What strategies and recommendations would you suggest to solve the above?

3.2 MEETING THE NEEDS OF THE INDIVIDUAL WHO REQUIRES AN ACUTE LEVEL OF CARE

ISSUES

A. Programs

- Hospitals in northern Alberta, as in other parts of the province, at times duplicate their services and do not share expertise with hospitals close by. This leads to fragmentation of service and wasted resources (consultant's opinion).

B. Demand

- Hospital use is directly correlated to physicians working out of the hospital. Several northern communities have difficulty attracting physicians which results in lowered use and occupancy, along with the continued threat of decreased funding and programs.

- There appears to be a demand for comprehensive regional centres.

C. Financial Resources

- There is a lack of funding for certain preventive programs and outpatient programs (i.e., day surgery, obesity clinics, etc.) in northern Alberta. Sensitivity to funding in the North has always been an issue on account of higher transportation costs, utilities and in some cases incentives for housing, etc.

D. Manpower

- Several small hospitals in northern Alberta are under-utilized because there are no qualified physicians in the community. These hospitals are unable to offer a wide range of services. Individuals must go to other communities for acute health care.

- There is a shortage of specific health care personnel to work in hospitals in northern Alberta, e.g., physical therapists, surgeons, anaesthetists, occupational therapists, etc.

- Many northern doctors who were trained in England and Ireland received training in anaesthesiology and minor surgery and are now at retirement age. Thus the North will lose surgeons and others with specialized expertise. At present there is no replacement mechanism for these dual trained GPs.

E. Co-ordination/Integration

- Hospitals are often criticized for their lack of co-ordination/integration with community health care in continuing care of the acute patient with adequate follow-up after the patient is back in the community.

Can you list other issues?

What strategies and recommendations would you suggest to solve the above?

3.3 MEETING THE NEEDS OF THE INDIVIDUAL WHO REQUIRES CHRONIC CARE (i.e., AGED, CHRONICALLY ILL OR HANDICAPPED)

ISSUES

A. Programs

There is a lack of support programs in the community[17] for:

Prevention
- Sports Programs
- Health Education
- Preparing for Retirement

Treatment
- Chiropody (foot care)
- Occupational Therapy
- Physiotherapy

Care
- Auxiliary Hospitals
- Nursing Home
- Home Care
- Senior/Handicapped Housing
- Bereavement Support
- Nutrition

B. Facilities

- Several acute care hospitals in northern Alberta have a fixed percentage of their active care beds "blocked" by individuals who should be in auxiliary level facilities (consultant). Oftentimes there is not adequate funding to provide for recreation and rehabilitation care to these individuals.

- There is a growing demand for long term care beds in every community especially of the auxiliary level type (consultant) in northern Alberta.

C. Community Health

- The services provided through the home care program maintain the more "at risk" senior and dependent individual in an independent mode for a longer period of time.

D. Demand

- Demographically, the number of seniors is on a steep incline both in Alberta as a whole and the NADC area. Although northern areas have traditionally been viewed as young population areas, the recent 1981 census indicates there are communities with 20% - 30% of their population in the 65+ cohort. The smaller urban centres are experiencing the pressure of seniors moving in from rural areas.

- The present ratio of beds for the senior citizen population will likely worsen in the years ahead in northern Alberta ([2], p.55).

- In 1986 a review of the needs of seniors stated that approximately 50% of seniors made use of hospital services. The review also states that the present health care delivery system encourages over-use since the elderly must obtain a variety of health services through the auspices of a physician ([1], p.120-121).

- By 1990 Michener Centre may be closed. The effects and impacts on communities and parents will be profound. What will be the patient needs? Will extra funding be available to develop support systems at the community level?

E. Financial Resources

- A northern geriatric committee recommended that new funding approaches be explored with the inclusive consultation of seniors. It noted that the "user pay" concept was not totally alien to the seniors interviewed ([1], p.129).

F. Manpower

- There is not enough adequate training for individuals caring for the elderly. The fundamental lack of training is reflected in inappropriate attitudes towards the elderly and the absence of sympathetic understanding of complex medical conditions.

- There is a serious shortage of rehabilitation personnel in facilities and community health care programs in northern Alberta for the young, ambulatory individual. The elderly therefore receive minimal care by qualified physical therapists or occupational therapists if available (opinion of the consultant).

- Northern physicians do not receive adequate training in gerontology. As the aging population is increasing their case loads will be taken up by seniors. Doctors should be aware of the options available to the senior population and inform them of support services ([1], p.121).

- Referrals to specialists or special care centres away from the local community environment create traumatic situations for some seniors. The fear of visiting a strange doctor or institution for medical care is heightened by the journey to the point of delivery and fear of the urban centre ([1], p.121).

G. Co-ordination/Integration

- There is a greater need for planning, co-ordination and implementation of services for the aged ([1], p. 127).

- There is competition among health care providers (hospitals, private practises, community health care) for the same discipline, (e.g., physical therapy) resulting in fragmented service and poor utilization of valuable health care professional resources (consultant).

- Multidisciplinary care in and outside of institutions for the elderly is not standardized or consistent (consultant).

Comment

It should be noted that the provincial government has prepared a new policy paper on care of the aged. See Mirosh Report - A Vision for Long Term Care, 1988.

The government in time will put forward major policy thrusts which may diminish the above issues.

Can you list other issues?

What strategies and recommendations would you suggest to solve the above?

3.4 MEETING THE NEEDS OF THE MENTALLY ILL INDIVIDUAL

ISSUES

A. Programs

- There is inadequate educational and life skill programming at the community level.
- There are inadequate transitional housing and employment opportunities.
- There is a lack of full-time services after hours when needs for mental health services are greatest ([11], p.4).

B. Physical Facilities

- In some communities there is a shortage of physical facilities such as short term and interim residential services for education and counselling ([11], p.14).

C. Community Health

- There is a greater need to focus on community living and the integration of the physically handicapped and mentally ill into the community.

D. Demand

- Mental health services have been identified as being greatly over-extended.
- The boom/bust syndrome of northern economics often leads to high incidences of mental health disorders.
- Family violence requires programming for both the abused and abuser. Counselling and treatment for batterers, victims and family groups are suggested.

E. Financial Resources

- Not noted in the literature.
- Please comment, if applicable.

F. Health Manpower

- There is an acute shortage of psychiatrists ([4], p.75) and general mental health care workers.

G. Integration/Co-ordination

- Follow-up care of the mental health patient is an ongoing issue ([4], p.73). Travelling teams do not give adequate follow-up ([4], p.75).

- There is a perceived lack of co-ordination among standards of care between local and central delivery systems ([4], p.73).

- A key to improved community services is a strong interagency co-ordinating group ([3], p.3).

Can you list other issues?

What strategies and recommendations would you suggest to solve the above?

3.5 MEETING THE NEEDS OF THE INDIVIDUAL WHO IS DEPENDENT ON OR AN ABUSER OF DRUGS, ALCOHOL AND OTHER SUBSTANCES

ISSUES

A. Programs

- Please comment on present adequacy/effectiveness of programs in northern Alberta.
- There is not enough programming for youth.
- There are no mobile community treatment programs.
- There are inadequate detoxification facilities in the North meaning individuals must be transported over long distances to "dry out" ([12], p.61; [4], p.175). A Grande Prairie facility has been in the plans for the past four years but construction has not started.

B. Demand

- In the opinion of the consultant ([3],p.2; [4],p.175;[5],p.12) the most serious health care issue facing the North now and in the future is and will be alcohol and drug abuse.
- Counselling services are not perceived to be reaching alcohol-related/dependent cases.

C. Financial Resource

- Financial resources are taxed.

D. Manpower

- There is a shortage of workers qualified to deal with the problem of substance abuse and its treatment. There is little expertise in this area.
- In addition there is a lack of qualified social workers available to provide counselling services in areas such as suicide, sexual abuse, wife battery, alcoholism and family problems ([11], p.53).

E. Co-ordination

- Agencies involved in drug and alcohol abuse seem to be waging a lost war with apparent lack of co-ordination and co-operation among agencies, programs and personnel. There is limited evidence of regular information-sharing, sharing of resources, team work with each other, the client and the community ([2], p.11). Mental health services in the North are, at best, patchy when it comes to alcohol and drug abuse ([4], p.175).

Can you list other issues?

What strategies and recommendations would you suggest to solve the above?

3.6 MAKING CERTAIN THERE IS A QUALIFIED HEALTH CARE WORKFORCE WITH ADEQUATE PHYSICAL AND FINANCIAL RESOURCES

ISSUES

A. Workforce

- Several Research studies conducted in the North illustrate acute shortages of specific types of health personnel including:

Doctors	Mental Health Workers
Physical Therapists	Dental Hygienists/Dentists
Occupational Therapists	Pharmacists
Speech Pathologists	Audiologists
Dietitians	
Degreed, Registered Nurses	

  ([10], p.29-32)

- The distribution of physicians in Alberta is disproportionate. The doctor to population ratios in the NADC catchment areas reveal mal-distribution ([9], p.13).

- The NADC area appears poorly serviced by specialists as compared to provincial averages ([9], p.25).

- Physicians who do surgery in northern Alberta are nearing retirement age and others will have to be recruited to fill their positions when they do retire.[13]

- Nurses have traditionally high turnover rates in northern Alberta. Those who work in remote communities need increased education, orientation and support with larger facilities in order to prevent stress.[14]

- Remote communities face special problems in health care recruitment and may require special arrangements.

B. Co-ordination

- There is a major problem with the lack of coterminous boundaries among health care agencies. The main problems include the following:

  - lack of communication among agencies regarding available services
  - vagueness of boundaries since some agencies are unsure of the limits of their boundaries
  - increased workloads as a result of servicing clients from outside their jurisdictions ([6], p.13).

- In most locations in northern Alberta there is no one-stop system for health and social services.

C. Financial Resources

Costs to manage and operate health care services are greater in northern Alberta than in other parts of the province and this should be realized by funding agencies ([15], p.3). This is primarily because of:

- o vast distances between centres
- o higher transport costs
- o higher utility costs
- o manpower recruitment shortages.

Can you list other issues?

What strategies and recommendations would you suggest to solve the above?

3.7 HEALTH CARE PREVENTION/SELF-HELP

ISSUES

A. Programs

- There are increased demands by communities for more preventive programs, i.e., pre-natal, well-baby clinics, alcohol/drug abuse, smoking, exercise, mental health, nutrition.

- Adequate justification exists for increases in staff and facilities aimed at preventive dental care ([4], p.180).

- Speech and hearing services are deficient throughout the North particularly in relation to Indian and Metis children whose middle ear infections are frequent ([4], p.180).

B. Financial Resources

Some health units do not have adequate financial resources to provide basic programs.

C. Work Force

Many community health care nurses do not have adequate training in occupational health ([4], p.78).

D. Co-ordination/Integration

- Self care/health promotion mean different things to different people thus there are agency overlaps in jurisdiction over specific programs, e.g., no-smoking clinics in hospitals and in community health care clinics.

- The federal paper on self-help promotion expands the meaning of self-help to the education system; expansion of mandates will have to be closely monitored.

Can you list other issues?

What strategies and recommendations would you suggest to solve the above?

APPENDIX B

INDIVIDUALS & ORGANIZATIONS PROVIDING VERBAL AND WRITTEN INPUT TO NADC POSITION PAPER

WORKSHOP PARTICIPANTS, PEACE RIVER
JULY 18, 1988

INDIVIDUALS, ORGANIZATIONS PROVIDING INPUT AND ASSISTANCE TO THE NADC POSITION PAPER - JULY, 1988

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- James Killick, Executive Director, Easter Seals Ability Council, Edmonton, Alberta
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- Ken Fox, Executive Director, Queen Elizabeth II Hospital, Grande Prairie, Alberta
- Len Hough, Executive Director, High Prairie Regional Health Complex, High Prairie, Alberta
- Glen Campbell, Executive Director, Alberta Association of Optometrists, Edmonton, Alberta
- Cliff Turner, Manager, Environmental Health Department, South Peace Health Unit, Grande Prairie, Alberta
- Judy Cameron, Home Care/Rehabilitation Manager, South Peace Health Unit, Grande Prairie, Alberta
- Judy Prowse, Consultant, Research Advocacy Services, Alberta Hospital Association, Edmonton, Alberta
- Athabasca Health Unit, Athabasca, Alberta, Telephone response
- Jim Goodwin, Speech Pathologist, South Peace Health Unit, Grande Prairie, Alberta
- Hildegard Campsall, Director, Peace River Health Unit, Peace River, Alberta

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FUTURE HEALTH NEEDS WORKSHOP

Main Floor Boardroom, Provincial Building, Peace River
10:00 a.m., July 18, 1988

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APPENDIX C

FOOTNOTES & REFERENCES

FOOTNOTES

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